

I wish to change my

- Language of correspondence
 Name
 Social Insurance Number
 Designated beneficiary
 Date of birth
 Marital status
 Address and phone number
 Trustee appointment (provinces other than Québec)
 Contribution rate and/or spousal split (RRSP & Structured RRSP only)
 I wish to make another type of change

All changes made to the province of employment with respect to pension plans should be completed by the group administrator/sponsor.

This form is applicable to:

- All plans
 DPSP
 EPSP
 FLEX
 MSMPPP
 NOREG
 QSPP
 Structured RRSP
 RPP
 PRPP
 RRSP
 RRSPS
 TFSA
 VRSP
 Other
 Specify

Section 1 - Client/member information

Client no. RS	Certificate no.
Client name (Employer)	
Member's last name	First name
	Initials
Social Insurance Number	Personal e-mail address

Section 2 - Change request

Part A - Language of correspondence

- English
 Français

Part B - Name change

Former name	New name
Signature (former name)	
This name change results from: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Separation <input type="checkbox"/> Other Specify <input type="text"/>	

Note - Name change
Please submit supporting documents for all name changes except for marriage outside of Québec.

Part C - Social Insurance Number of the Member

Note - Beneficiary change
If you wish to change your beneficiary designation, remember to complete Part H - Change of designation beneficiary on the reverse side..

Part D - Date of birth of the Member

Part E - Change of contribution rate and/or spousal split (Employee to complete for RRSP, Structured RRSP, VRSP, NOREG or TFSA only)

Effective on

Please deduct \$ or % from each pay, to be invested in this plan.

Please allocate % of my employee employer voluntary contribution to the spousal account (RRSP only).

I wish to cancel my spousal contribution (RRSP only)

Part F - Revised marital status

Marriage
 Divorce
 Separation
 Other
 Specify

Spouse's last name	First name	Initials
Spouse date of birth <input type="text"/>		

Part G - Address

Home address (no., street, apt.)	City	Province
Postal code	Home telephone	Business telephone



Please return this form to The Manufacturers Life Insurance Company (see address above).

GE927S

Montréal
PO Box 11464, Succ. Centre-ville,
Montréal, Québec H3C 5M3
Tel.: 1 800 242-1704
Fax: 1 866 499-4480

Email address
retirement_solutions@manulife.com

Section 2 - Change request (continued)

Part H – Change or appointment of designated beneficiary or TFSA successor holder

- | | |
|---|---|
| <input type="checkbox"/> All plans | <input type="checkbox"/> QSP (Québec Simplified Pension Plan) |
| <input type="checkbox"/> DPSP (Deferred Profit Sharing Plan) | <input type="checkbox"/> RPP (Registered Pension Plan) |
| <input type="checkbox"/> EPSP (Employee Profit Sharing Plan) | <input type="checkbox"/> PRPP (Pooled Registered Pension Plan) |
| <input type="checkbox"/> FLEX (Flexible Pension Plan) | <input type="checkbox"/> VRSP (Voluntary Retirement Savings Plan) |
| <input type="checkbox"/> RRSP (Registered Retirement Savings Plan)
all accounts – to be completed by account owner | <input type="checkbox"/> RRSPS (Spousal Registered Retirement Savings Plan) |
| <input type="checkbox"/> NOREG (Non-Registered Savings Plan) | <input type="checkbox"/> TFSA (Tax-Free Savings Account) |
| <input type="checkbox"/> MSMP (Manitoba Simplified Money Purchase Pension Plan) | <input type="checkbox"/> Structured RRSP (Structured Registered Retirement Savings Plan)
all accounts – to be completed by account owner |
| | <input type="checkbox"/> Other <input type="text" value="If Other, please specify"/> |

Beneficiary information

In accordance with the terms and conditions of the above plan(s), I revoke all of my previous revocable beneficiary designations. In the event of my death, I designate the following person(s) to be the beneficiary(ies) of any amount due under my plan(s) on or after my death in accordance with the terms of the plan(s) in which I have an interest:

- my estate or the following beneficiary(ies)

Primary beneficiaries				
Last name	First name	Date of birth	Relationship	Entitlement %*
		Y Y Y Y M M D D		
		Y Y Y Y M M D D		
		Y Y Y Y M M D D		

* Must equal 100%

Complete if beneficiary is your spouse (for Québec applicants only)

In Québec, the designation of your legally married spouse or civil union spouse as beneficiary is irrevocable, unless otherwise specified as provided for below. If you name your spouse, a revocable designation will facilitate any future request for a change of beneficiary. An irrevocable designation will not allow you to withdraw any funds from your plan account nor can an irrevocable designation be changed unless the beneficiary signs a Waiver of rights form.

My beneficiary designation is **revocable**

or My beneficiary designation is **irrevocable**
(read the paragraph above carefully before making this selection)

Employee/member signature

Employee/member signature

If your designated beneficiary dies before you, we will pay the benefits from your plan to any surviving beneficiary or, if none, to your estate.

Contingent beneficiaries

Last name	First name	Date of birth	Relationship	Entitlement %*
		Y Y Y Y M M D D		
		Y Y Y Y M M D D		
		Y Y Y Y M M D D		

TFSA Successor holder information

In accordance with the terms and conditions of my TFSA, I revoke any previous successor holder appointment. In the event of my death, I hereby designate my spouse or common-law partner, as defined in the Income Tax Act (Canada), to become the successor holder of my TFSA account upon my death.

Last name	First name	Initials
Home phone	Work phone	
Date of birth	SIN	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

I understand that this appointment will not apply if the person named above is no longer my spouse or common-law partner at the time of my death or if he/she predeceases me.

Appointment of trustee (for provinces other than Québec)

In the event my beneficiary is a minor at the time the death benefit is payable, I appoint the following person as trustee to receive such funds on behalf of the beneficiary, to hold these funds until my beneficiary attains the majority age and to give a valid discharge to Manulife for such payment:

Last name	First name	Initials
Home address (no., street, apt.)		
City	Province	Postal code
Home telephone	Business telephone	
Employee/member signature		

Note:
If your successor holder dies before you, we will pay the benefits from your plan to any surviving beneficiary or, if none, to your estate.

Nomination is valid if it is in accordance with the applicable legislation.

Part I – Other changes

Section 3 - Signature

I understand that the personal information you collect will be kept strictly confidential and will only be used, exchanged and retained for the purpose of this plan. I certify that the information given is true, correct and complete, to the best of my knowledge.

Employee/member signature (mandatory)	Print name	Date
<input type="text"/>	<input type="text"/>	Y Y Y Y M M D D

Section 4 - For use by group program administrator/sponsor

Province of employment	Effective date of change
Signature	Date
<input type="text"/>	Y Y Y Y M M D D
<input type="text"/>	Y Y Y Y M M D D

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